

3rd Annual Tommy Lynch Memorial Round Robin

Sunday, February 19, 2017

Delaware Valley High School – 256 Routes 6 & 209, Milford, PA

Check In: 7:30-8:15

Skin/Nail Check: 8:45

Wrestling Begins: 9:00 am

Admission

\$ 5.00 Adult (Coach) / \$2.00 Student (Children under 5 FREE)

Registration

No Walk-Ons. Registration will be limited and registration will be taken on a first come, first serve basis. Please register early! **Registration should be postmarked by February 10, 2017**

Age Divisions (Age on Day of Tournament)

Pee-Wee	6 & Under
Bantam	7 & 8
Midget	9 & 10
Intermediate	11 & 12 (No JH or Modified Experience)
Junior High	7 th & 8 th grade (No JV or Varsity Experience)

Food will be served all day in our cafeteria

Weigh-In

There will be no weigh-in. We will use the honor system for weight and age. Please have birth certificate available if challenged. Weight challenges will be at the discretion of the tournament director.

Weight Classes

Madison-style bracketing. Wrestlers will be placed in a bracket based on actual weight. Groups will range from 3-6 wrestlers dependent upon registrations received. Effort will be made to place wrestlers together with comparable experience levels and/or years of experience.

Bouts

1-1-1 (Pee-Wee, Bantam, Midget, Intermediate) 1:30-1:30-1:30 (Junior High)

Overtime will follow PIAA rules

Awards

Medals will be awarded to the 1st, 2nd, & 3rd place finishers

Entry Fee

\$ 20.00 Payable to: Warrior Junior Wrestling Club

Mailing Address

Chris Ross
106 Mountain View Court
Matamoras, PA 18336

Telephone: 570-426-3156

E-mail: rosskings@yahoo.com

Please send in bottom portion only with payment

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Wrestler's Name _____ Team _____

Address _____ City, State _____

Age _____ Age Division _____ Actual Weight _____ Years Experience _____

Telephone / E-mail _____

I hereby give my child permission to wrestle in the Delaware Valley Round Robin Challenge and hereby waive/release Warrior Junior Wrestling Club, Delaware Valley School District and all other sponsoring bodies, their officers, directors, committees, volunteers, and referees from all liabilities/claims for damages while competing in or travelling to/from said tournament. I also acknowledge that my child is covered by a major medical insurance plan.

Parent / Guardian Signature _____ Date _____